

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____
APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12						
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	10					
TOTAL CLAIMS	16					

51	IND	DEP	52	IND	DEP	53	IND	DEP
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								